



BRAWL **BRAWL FOR THE BELT**

(Quality Leather Belt with Solid Metal)

Sunday MARCH 9TH, 2008

******Gene Mills AAU Eastern Nationals Qualifier******

All first place winners receive a Championship Belt

WHERE: Alden Central Middle School 13190 Park Street Alden, NY 14004 (DO NOT MAIL TO THIS ADDRESS), REGISTRATION FEE:\$ 20.00 ADMISSION: \$3 Adults

WEIGH IN: No Weight allowance!!! Sorry NO REFUNDS!!

REGISTRATION: PRE-REGISTRATION for first 400 applicants. Must have pre-registration by 3/7/08

On-Line Registration @ aldenyouthwrestling.org

Call Paul 716-725-2306 or Denise 716-597-6488 or 937-6248-. **E-MAIL:** phutch86@yahoo.com

Postal Address-1669 Lindan Ave, Alden NY 14004. **Walk-ins only if there is an open spot in a bracket (you are not guaranteed a spot).**

CHECK IN-WEIGHT VERIFICATION: 6:30am – 8:15am. Wrestling will start promptly at 9:30am.

AWARDS: Belts for first, Medals for 2nd, 3rd, & 4th. TEAM TROPHIES FOR: 1st, 2nd and 3rd.

Team Sheets must be turned in by 9:30 a.m. List as many wrestlers as you want but the top 10 on your team sheet will be used for team competition. JV/Varsity wrestlers cannot be used for team points. **Regulation:** 3- One minute periods. School Boy/Cadet 3 – 1 ½ periods.

****Brackets with 4 Wrestlers or less will be conducted as a Round Robin.****

Tournament Committee reserves the right to combine or cancel any brackets!!!!

Age Division	(Year of Birth)	Weight Classes
Pee Wee	2002-Before	35-40-45-50-55-60-hwt
Bantam	00-01	45-50-55-60-65-70-75-85-hwt
Midget	98-99	50-55-60-65-70-75-80-85-90-95-105-hwt
Junior	96-97	60-65-70-75-80-85-90-95-100-105-110-115-120-125-130-hwt
School Boy	94-95	70-75-80-85-90-95-100-105-110-115-120-130-135-hwt
Cadet	92-93	(Cadet Only) Grouped in 8-person brackets when possible using the 10% system

(JV and Varsity wrestling experience WELCOME) Refreshments: Hot food and snacks will be available All day

Name: _____ **DOB:** _____

Club: _____ **Division:** _____ **Weight Bracket:** _____ (not actual weight)

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Phone Number: _____

In consideration of this entry being accepted, I hereby release the Alden Kids Wrestling Club, Alden Central School District, The Town of Alden, Coaches and Tournament Officials, from any and all claims, liabilities and/or losses by me directly or indirectly in training for, traveling to or from, and/or participating in the Alden Kids Youth Wrestling Tournament. I take responsibility for any and all damages done by my child at said tournament. I also understand that my child must be covered by a health/injury insurance policy as a requirement for participating in this tournament and my child is covered by a health/insurance policy.

Parent Signature _____ Wrestler Signature _____